COVER SHEET FOR AMENDMENT OF POST-TRAVEL SUBMISSION

Date/Time Stamp

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PUBLIC RECORDS

2019 DEC 10 PM 2: 44

Instructions: Use this form as a cover sheet for any paperwork you may need to submit to the Office of Public Records in order to make your Privately Sponsored Post-Travel Submission complete in accordance with Rule 35. Only complete this form if you need to submit an amendment to a post-travel filing you have already submitted.

SUBMIT DIRECTLY TO THE OFFICE OF PUBLIC RECORDS IN 232 HART BUILDING

Name of Traveler: CLAIRE FIGGE
Employing Office/Committee: SENATE FOREIGN PELATIONS
Travel Expenses Paid by (List all sources): International committee of the ped cross (ICEC)
Travel Date(s): October 6-12, 2019
Description/Title of Attached Forms: <u>Pesuponission of Employee Poct-travel</u> Disclosive of travel expenses
•
Purpose of Amendment (describe the reason for amending original submission): Did Not Check boxes at top of sneet.
12 10 10 (Date) (Signature of Traveler)

Employee Post-Travel Disclosure of Travel Expenses

Date/Time Stamp:
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SECRETARY OF THE SENATE
FUGLIC PECCROS

Post-Travel Filing Instructions: Complete this form within 30 days of returning from travel. Submit all forms to the Office of Public Records in 232 Hart Building.

(Revised 1/3/11)

2019 NOV -8 PM 2: 42

In compliance with Rule 35.2(a) and (c), I make the following disclosures with respect to travel expenses that have been or will be reimbursed/paid for me. I also certify that I have attached: The original Employee Pre-Travel Authorization (Form RE-1), AND A copy of the Private Sponsor Travel Certification Form with all attachments (itinerary, invitee list, etc.) Private Sponsor(s) (list all): The International Committee of the Red Cross (ICRC) Travel date(s): 10/06/19-10/12/19 Name of accompanying family member (if any): _ Relationship to Traveler:

Spouse ☐ Child IF THE COST OF LODGING DID NOT INCREASE DUE TO THE ACCOMPANYING SPOUSE OR DEPENDENT CHILD, ONLY INCLUDE LODGING COSTS IN EMPLOYEE EXPENSES. (Attach additional pages if necessary.) Expenses for Employee: Other Expenses Meal Expenses Lodging Expenses Transportation (Amount & Description) Expenses N/A \$163.01 \$383.15 ☐ Good Faith \$1,197.59 Estimate ☑ Actual Amount Expenses for Accompanying Spouse or Dependent Child (if applicable): Other Expenses Meal Expenses Lodging Expenses Transportation (Amount & Description) Expenses ☐ Good Faith Estimate □ Actual Amount Provide a description of all meetings and events attended. See Senate Rule 35.2(c)(6). (Attach additional pages if (pecessary.): The group met with ICRC sub-detegation offices, victims of the Internal armed conflict, Venezuelan refugees, the Colombian Ministry of Defense, and CONHER to learn about the stresses displaced populations have had on Colombia, as well as efforts the Cotombian government and international groups have made to address the situation CD O (Printed name of traveler) (Stendure of the O BE COMPLETED BY SUPERVISING MEMBER/OFFICER: I have made a determination that the expenses set out above in connections with travel described in the Employee Pre-Travel Authorization form, are necessary transportation, lodging, and related expenses as defined in Rule 35.

(Signoture of Supervising Senator/Officer)

Form RE-2